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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item not be obtained insert the word "unknown." Make every effort possible to obtain this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH 333	
COUNTY <u>Cochise</u>	DISTRICT <u>St David</u>	TERRITORIAL INDEX NO. <u>338</u>	COUNTY REGISTERED NO. <u>38</u>
TOWN _____	OR CITY _____	NO. _____	ST. LOCAL REGISTRAR'S NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Lymant J Curtis</u>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE <u>White</u>	DATE OF DEATH <u>Feb</u> <u>28</u> <u>1912</u>	
	Black Indian Chinese Mexican	(Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 8 1870</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> or DIVORCED	I hereby certify, that I attended deceased from <u>30 June</u> 191 <u>2</u> to <u>Feb 28</u> 191 <u>2</u> ; that I last saw him alive on <u>Feb 28</u> 191 <u>2</u> and that death occurred on the date stated above at <u>1230</u> A.M. The DISEASE or INJURY causing Death was as follows: <u>Cancer</u>	
AGE <u>42</u> yrs. <u>1</u> mos. <u>20</u> days	If less than 1 day, _____ hrs., or _____ min.	(Duration) <u>2</u> yrs. <u>1</u> mos. <u>20</u> days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____	BIRTHPLACE (State or country) <u>Saline Utah</u>	Was disease contracted in Arizona? <u>yes</u>	
NAME OF FATHER <u>Samuel B. Curtis</u>	BIRTHPLACE OF FATHER (State or country) <u>Wisconsin</u>	If not, where? _____	
MAIDEN NAME OF MOTHER <u>Lucinda Davis</u>	BIRTHPLACE OF MOTHER (State or country) <u>Panguitch Utah</u>	CONTRIBUTORY _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Duration) _____ yrs. _____ mos. _____ days	
(Informant) <u>J J Curtis</u>	(Address) <u>St David Ariz</u>	(Signed) <u>J O Davis</u> M. D.	
PLACE OF BURIAL OR REMOVAL <u>St David Ariz</u>	DATE OF BURIAL OR REMOVAL <u>3/1</u> 19 <u>12</u>	(Address) <u>St David</u>	
UNDERTAKER _____	ADDRESS _____	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
		LENGTH OF RESIDENCE	
		At place of death <u>22</u> yrs. _____ mos. _____ ds. In Arizona <u>30</u> yrs. _____ mos. _____ ds.	
		Former or Usual Residence <u>Saline Utah</u>	
		Filed <u>2/29</u> 191 <u>2</u> <u>J J Curtis</u> Local Registrar	
		Filed <u>3-26</u> 191 <u>2</u> <u>L L Murren</u> County Registrar.	